

**10/519781**

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

Repln. Ref: 06/28/2005 DCOTTMAN 0014571888  
DAB:083848 Name/Number:10519781  
FC: 9204 \$100.00 CR

FEE RECORD SHEET

01/10/2005 GFREY1 00000068 10519781

01 FC:1631 300.00 OP  
02 FC:1632 500.00 OP  
03 FC:1633 200.00 OP

06/28/2005 DCOTTMAN 00000001 10519781

01 FC:1642 400.00 OP

Adjustment date: 06/28/2005 DCOTTMAN  
01/10/2005 GFREY1 00000068 10519781  
02 FC:1632 -500.00 OP

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PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/27/05      2 Serial/Patent # 10/519781

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other	<i>Daryl</i>		\$

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	, <u>08 -- 3040</u>
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Darryl Coffey TITLE: Paralegal  
 SIGNATURE: Darryl Coffey PHONE: 703-305-9140 202

OFFICE:

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APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
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